Division of Health Care Financing HCF 10139 (05/04)

## BADGERCARE PREMIUM INFORMATION

Your BadgerCare eligibility determination or a reported change indicates that your income is at or above 150% of the Federal Poverty Level (FPL). Families with income at or above 150% of the FPL have to pay a monthly premium to be eligible for BadgerCare. The premium amount will be no more than 5% of your total family income. Your benefits will not start until your initial premium has been paid. In some instances you may be required to pay two months of premiums before your benefits begin. Once your premium has been received your benefits will begin the first of the month in which you applied. Your first premium must be paid to the address listed below. A check or money order should be made payable to "BadgerCare". Cash will not be accepted. The total premium must be paid, partial payments will not be accepted. Your premiums may increase or decrease depending on your income.

After your first premium has been paid, you will receive monthly premium notices from the Wisconsin Department of Health and Family Services (DHFS). These payments must be sent to the DHFS at the address listed on the premium notice. Do not send these payments to your local agency.

Payments are due by the 10th of each month for the current month. If your premium is received late, you will receive notification that your BadgerCare eligibility will end. If the DHFS receives your payment by the end of the month, your coverage will continue. If the DHFS receives the premium payment after the first of the following month, you will need to pay two premium payments. Example: Your premium payment for May was not received until June 2nd, you will need to pay the premium for May and June to remain eligible.

If your premium payment is not received by the following month you are subject to a restrictive re-enrollment period. Restrictive re-enrollment means that you will not be able to enroll in the BadgerCare program for six months. If you wish to re-enroll in BadgerCare after the six month restrictive re-enrollment period, you will be required to pay any past due premiums at the time of re-enrollment.

This following information applies only for your first premium(s), which must be paid to your local agency. You must pay the total amounts listed below before you can receive benefits.

Premium amount for month 1	Premium Due Date
\$	
Premium amount for month 2	
\$	
Total Due	
\$	
Detach and send the bottom portion with your payment. Make your check or money order payable to BadgerCare. Do not send cash. You must pay the total amount due.	
Case Name	Case Number
Date Due	Amount Due
	\$
Send only your first premium to the agency indicated. (County Agency Address)	